

THE ART OF ENGAGEMENT:  
TIPS ON HOW TO NAVIGATE DIFFICULT  
CONVERSATIONS

**NORTH AMERICAN**  
**HOUSING CONFERENCE**

NOVEMBER 10<sup>TH</sup>, 2022.

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# Discussion

What are some of the challenges that you have experienced with program participants?



# What do we know today?

Behavioral Health Challenges Experienced by  
Teens and Young Adults are not always  
**PATHOLOGICAL.**

Many Challenges come from environmental  
factors - including pathological ones!!!



# Reactions to Environmental Factors

- Confusion/Shock
- Fear/Anxiety
- Anger/Frustration
- Grief/Sense of Loss
- Helplessness
- Feeling Overwhelmed
- Shame/Guilt
- Distancing/Isolation



# Behavioral Challenges Related to the Historical Trauma

- Not Feeling Safe
- Not Trusting Anyone Feeling Isolated / Apathy
- Challenging Guidance
- Not Asking for Help or Support
- Not Feeling Motivated
- Not Able to Cope with Daily Challenges
- Not Able to Problem Solve Daily Issues
- Acting Without Processing or Thinking About Things

# Possible Consequences Related to the Historical Trauma

Interpersonal issues

Demanding Things

Preoccupation over Many Things

Constantly Grieving loss

Substance use

Anger

Invincibility

# Enter...

# Stigma

# Positive Assumptions

**These assumptions inform positive therapeutic stance and help manage negative feelings toward teens and young adult.**

They are doing the best they can;

They want to improve;

They may have not caused their current experiences - but they will solve them anyway;

Some situations are unbearable as they are currently being lived;

They must learn new behavior in relevant contexts;

# Validate

## Validation is more than empathy

- Communicate to program participants that their responses make sense and are understandable within the current (or past, or future) context or situation.
- Actively accept and communicate this acceptance.
- Validation strategies -to search for, recognize and reflect what makes sense in the response to events.
- Notice, amplify and reinforce valid responses.
  - ✓ Validate pain, difficulty of changing, difficult of tolerating pain/distress, validate past experiences that contribute to current difficulties in thinking, feeling, behaving



# Validate

Listen and observe (active listening) - become an observer. Maintain awareness of where participant is and where she/he/they wants to go.

Accurate Reflection, nonjudgmental stance.

Articulating the Unverbalized.

# Fostering Resiliency for Participants

- Care for self, family and community
- Ongoing learning
- Stress management
- Recognizing triggers
- Keeping a routine
- Tending to safety and hope



# Simple Tips

- Assess situations
- Work with team members
- Evaluate environment
- Ask for help
- Other Tips???

# Simple Tips

## Best Practices

- Outreach and Engagement
- Trauma Responsive Care
- Recovery/Strength Based Approaches
  - Language
- Peer Supports
- Social Justice
- Harm Reduction
- Motivational Interviewing
  - Stages of Change
  - Traps
- WRAP

# Engagement

- **Let's talk about challenges you've had engaging individuals in program settings.**

**We will review them collectively.**

# Outreach, Connect, & Motivate: The Essence of the Relationship

## Engagement –

- Engagement starts with outreach.
  - ✓ How we introduce ourselves.
  - ✓ How we talk to people.
  - ✓ How we follow up.
  - ✓ How we show commitment.
  - ✓ How we pay attention.

# Outreach, Connect, & Motivate: The Essence of the Relationship

## Engagement –

- Engagement leads to connecting
  - ✓ By connecting, you encourage
    - mutual understanding
    - hope
    - empathy
    - trust
    - safety

# Outreach, Connect, & Motivate: The Essence of the Relationship

## Engagement –

- ✓ By motivating, you support
  - ✓ Thinking
  - ✓ Talking
  - ✓ Action
  - ✓ Self-efficacy
  - ✓ Change

# Review the issues

Some people receiving behavioral health support may disengage from - or not fully connect to - services.

People receiving services see the reasons for disengagement and disconnection differently than providers do.

# ACES - 1998

## Survey Summary

Collaboration between Centers for Disease Control and Prevention (CDC) and Kaiser Permanente HMO in California

Largest study ever that determined both the prevalence of traumatic life experiences in the first 18 years of life and the impacts on later well-being, social function, health risks, disease burden, health care costs, and life expectancy

17,000 adult members of Kaiser Permanente HMO participated

# ACES - 2010

## Survey Summary

Collaboration between CDC and State Health Departments of AR, LA, NM, TN and WA.

Focused solely on prevalence of ACEs in a population-based representative sample from multiple States stratified by demographic characteristics, including sex, age, education, and race/ethnicity

26,229 adults were surveyed



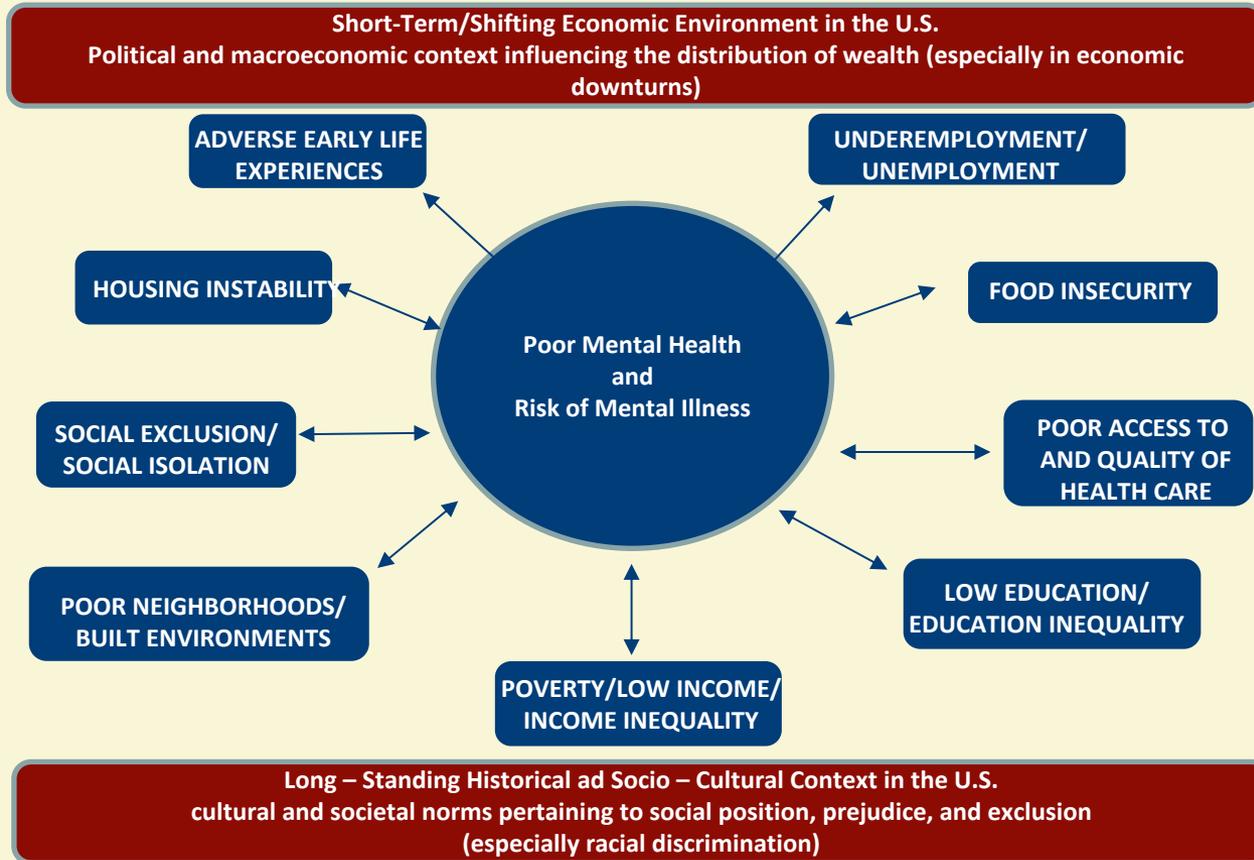
# Philadelphia Study

- Larger Representation of BIPOC communities
- Integration of Environmental Factors
- Most of the Survey Indicators were higher in Philadelphia than California / 5 States Reviews
- The ACES numbers related to discrimination and violence were almost doubled in BIPOC communities.
- 21% of participant/family member/family members from Philadelphia reported 4 or more ACES – compared to 7% of the Kaiser Study
- Males had higher number of traumatic experiences.



# Social Determinants- Leading to Discrimination

Compton and Shim, 2015)



# Trauma

Trauma could be dehumanizing, shocking or terrifying; singular or multiple events; over time; and often includes impact in the areas of **safety, trust, and the ability to make choices.** Trauma can result from experiences of violence. Trauma includes physical, sexual and institutional abuse, neglect, intergenerational trauma, and disasters that induce powerlessness, fear, recurrent hopelessness, and a constant state of alert.

(next page...)

# Trauma Informed Care

Trauma impacts one's spirituality and relationships with self, others, communities and environment, often resulting in recurring feelings of shame, guilt, rage, isolation, and disconnection.

The National Center for Trauma Informed Care (NCTIC)



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# Trauma Responsive Care

Trauma could be dehumanizing, shocking or terrifying, singular or multiple events over time, and often includes betrayal in the areas of ***safety, trust, and the ability to make choices.*** Trauma can result from experiences of violence. Trauma includes physical, sexual and institutional abuse, neglect, intergenerational trauma, and disasters that induce powerlessness, fear, recurrent hopelessness, and a constant state of alert.

# Trauma Responsive Care

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# Trauma Responsive Care

- Respect, inform, connect, and promote hope
- Promote recovery
- Understand and acknowledge the interrelation between trauma and symptoms of trauma
- Collaborate with and empower trauma survivors, as well as family members and friends (of the trauma survivor)

# Strength Based Approaches

- Assess people's lives carefully. Look at what they have accomplished. Their strength comes from how they have survived.
- You will find strength in the stories of your consumers –
  - People who have experienced different coping approaches.
  - People who have encountered and survived abuse.
  - People who have experienced homelessness
    - Think about the amount of strength that it takes for an individual to live in the streets for years.

# Strength Based Approaches

- Make it a point to welcome the individual
  - Always thank person for coming
- Promote Self Efficacy
  - All of us have accomplished things in our lives – celebrate them!!!
  - Acknowledge the effort
    - As simple as - coming to the first appointment, attending the first group, meeting with the Intake person, etc.

# Strength Based Approaches

- Identify as many positive areas as you can.
  - Make the strengths part of treatment.
    - For example, “Luis wants to work in the area of counseling,” instead of, “Luis needs a job” or “Luis is unemployed.”
- Be careful with language
  - Let’s use strength-based language
    - Words like denial, noncompliance, lazy, and lacks insight don’t promote recovery.

**What strength-based language could you incorporate in your work to replace these terms?**

# Be Careful with Language

## Reframing Labels and Perceptions

•Chronic



•Resilient

•Non-Compliant



•Independent

•Resistant



•Cautious

•Manipulative



•Skillful

•Demanding



•Assertive

•Frustrating



•Challenging

•Not ready



•Precontemplative

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# Peer Supports

In numerous studies, the involvement of peer specialists in service delivery led to consumers experiencing

- less hospitalizations
- shorter hospitalizations
- fewer reported life problems
- better social functioning

(Paulson et al, 1997-2000; Klein et al, 1998; Felton, et al, 1995; Lyons et al, 1996; Cook et al, 1995)

# Peer Supports

- Peer Providers should be part of every level of care in our system. Peers could be part of the –
  - initial contact with consumers
  - outreach team
  - intake process (including the intake interview)
  - team that welcomes consumers to each appointment
  - follow up calls for next appointment
  - community bridging – contacting housing, job, and school networks
  - overall advocacy

# Peer Supports

- Peers could also be part of the –
  - group facilitation
  - one on one contacts
  - family groups

# Cultural Humility

If we are going to develop any relationships, we need to respect and include culture.

The essential components of Cultural Humility are ***Understanding Oppression, Self-reflection*** and ***the Asking Stance***.

# Cultural Humility

## Levels of Oppression

**Something is Wrong Exploring the Roots of Youth Violence** Edited by Mariame Kaba, J. Cyriac Mathew, and Nathan Haines

**Personal**—the ideas inside one’s self which minimize, degrade or dehumanize others. One may hold prejudice against people of color, or gay or lesbian people and think bad thoughts about them.

**Interpersonal**—the action or activity that happens between people when one holds prejudice against another, for example telling oppressive/offensive jokes, name calling, violence, and discrimination.

**Institutional**—the culture or practices within an institution in our own society, for example; organizations, the government, police departments, the court system, schools, churches, etc.

**Cultural/Societal** —what happens in a society as a whole, sometimes hard to identify because this kind of oppression is widespread and pervasive. These forms of oppression are often found in the media, language, social norms, and “morals.”



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# Cultural Humility

## *Self Reflection*

- Clinical providers should continuously assess where they are with cultural issues.
  - Do I believe people can get better?
  - Is the reason something is making me uncomfortable based on personal biases?

# Cultural Humility

## *The Asking Stance*

- Never assume or second guess anything
- Always ask the question (even if you think that you know the answer)
- Asking the questions promotes respect and choice
- Asking the questions empowers the person
- Asking the questions makes you more knowledgeable

*Let's see handout*

# Harm Reduction

## Harm Reduction

- Respect a person's stage of recovery.
  - Provide a safe environment. Don't judge or condemn individual.
- A person may be very guarded based on what s/he is experiencing and doing.
  - Develop trust. We should be sensitive to that. The person should establish what boundaries should be explored.

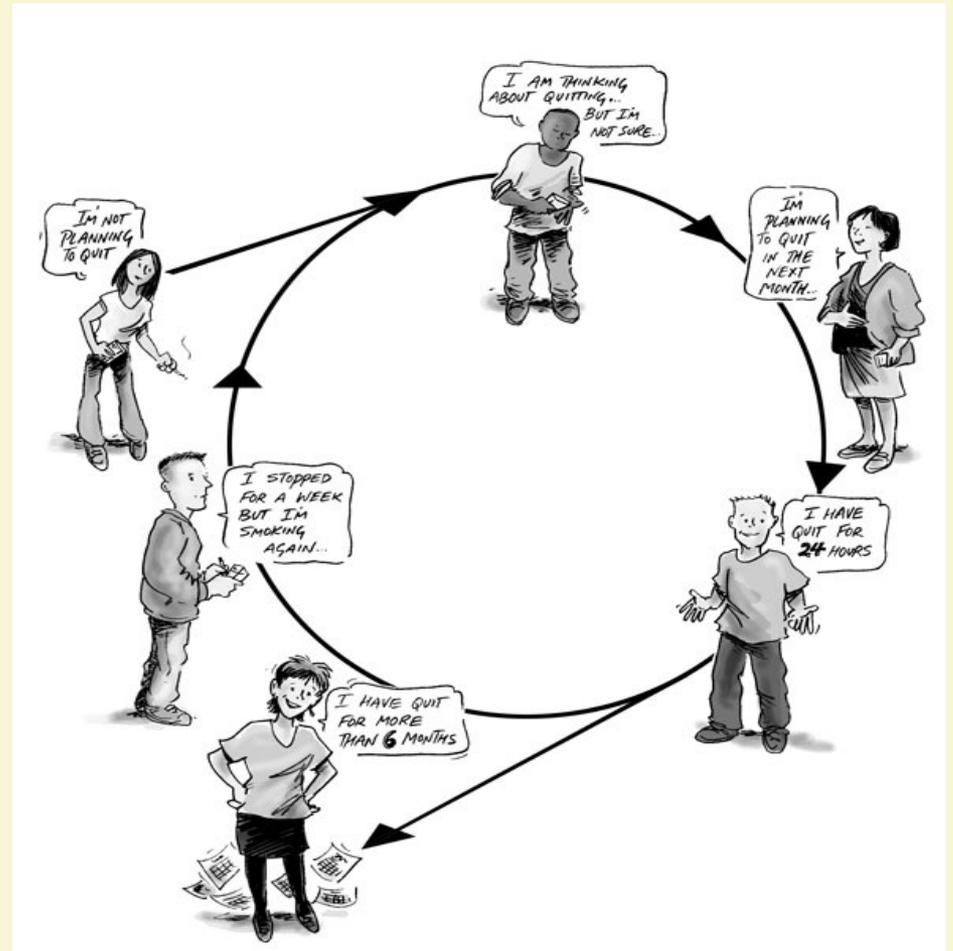
# Harm Reduction

## Harm Reduction

- Start the treatment by assessing where the person is at – assess readiness
  - What are the person's immediate needs. Addressing these needs reduce harm.
  - Encourage personal choice. What the person wants to work on.

# Stages of Change

Pre-Contemplation  
Contemplation  
Preparation  
Action  
Maintenance  
Transcendence  
Recurrence



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# Motivational Interviewing

## Traps

- **Questions / Answer Trap**
  - questions leading nowhere
- **Confrontational / Denial Trap**
  - arguing back and forth
- **Expert Trap**
  - giving the right answers

# Motivational Interviewing

## Traps

- **Labeling Trap**
  - Continuously diagnosing the person, their feelings, and/or their behaviors
- **Pre-Mature Focus Trap**
  - Continuously focusing on quick answers
- **Blaming Trap**
  - Continuously looking for “scapegoats” by individual and/or counselor

# Motivational Interviewing

## ■ Reflective Listening

- Luis - “ I don’t want to talk about drug use right now. Everyone bothers me about the drugs. Can we talk about something else?”
- Provider – “You don’t want people to talk to you about drugs anymore. “

# Motivational Interviewing

- Open Ended Questions
  - Luis - “ I don’t want to talk about drug use right now. Everyone bothers me about the drugs. Can we talk about something else?”
  - Provider – “You don’t want people to talk to you about drugs anymore. What are some of the topics we could review?”

# Motivational Interviewing

- Rolling with Resistance
  - Luis - “ I don’t want to meet at this office anymore.”
  - Provider – “Ok. What other areas in the program are more suitable for us to talk?”

# Motivational Interviewing

## Motivational Interviewing integrate Stages of Change

- Many times, providers are not able to provide the appropriate level of treatment or want to provide the same treatment for everyone. Needless to say, the outcomes are poor.
- Borrowing best practices from SA and COD models, an understanding of the stages provides a roadmap to better treatment – based on where the person is at. Each stage requires a different level of interest in and motivation to address the issue at hand.

# Mary Ellen Copeland's Wellness Recovery Action Plan

The Wellness Recovery Action Plan, or WRAP plan, will help the person develop a wellness plan that includes preventive actions to address negative triggers - and the long consequences of these triggers.

# Wellness Recovery Action Plan

Some of the areas reviewed are –

Wellness Toolbox

How do you feel when you feel well?

Triggers: Life events that make you feel bad

How do you feel when you are not feeling well?

What is your breaking point? What happens right before the crisis?

# Wellness Recovery Action Plan

The second part of the WRAP is a behavioral health Advanced Directive. In it, the consumer will outline her/his needs when experiencing a crisis:

- Who could provide support?
- Who should we call?
- What medications work?
- What treatments do I prefer?
- What can the provider do while you are in crisis?